



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/31/07 to 04/22/07

1. Committee I.D. Number

137889

4. Candidate Last Name First Name M.I.

Herbon Carol A.

4a. Office Sought Including District # or Community Served (If applicable)

Lakeview Public School Board Member

4b. County of Residence Macomb

5. Committee's Mailing Address

20324 Ardmore Park Dr.  
St. Clair Shores, MI 48081

6. Treasurer's Name & Residential Address

Michael J. McCain  
27924 Glenwood  
St. Clair Shores, MI 48081

Area Code and Phone (586) 779-8390

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 445-8024

7. Treasurer's Business Address

Southfield Post Office  
2200 W. 11 Mile Rd.  
Southfield, MI 48037

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone (248) 368-2933

Area Code and Phone

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General  
☐ Convention ☒ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus  
05/08/07

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution  
\_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Michael J. McCain Signature [Signature] Date 04/29/07  
Type or Print Name Signature

Candidate Carol A. Herbon Signature [Signature] Date 04/29/07  
Type or Print Name Signature



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137889

2. Committee Name Carol Herbon for School Board

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 02/07/07

Name & Address:

Parnell, John R.  
21 Whitcomb Dr.  
Grosse Pte. Farms, MI 48236

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation attorney Employer John R. Parnell, PLLC

Business Address 22811 Greater Mack, St. Clair Shores, MI 48080

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$2,890.00

Enter this total on  
line 3 of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 137889

2. Committee Name Carol Herbon for School Board

### CANDIDATE COMMITTEE

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last<br>name first. Check box to indicate if contribution<br>is from a Political Committee or an Independent<br>Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions.                                     | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were<br>purchased                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|
| Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br>Dilbeck, Betty<br>20318 Ardmore Park Dr.<br>St. Clair Shores, MI 48081<br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br><br>Employer Name & Business Address:<br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description <u>postage</u><br>5. Date Of Receipt: <u>04/09/07</u><br>6. Vendor Name & Address:<br>U.S. Postal Service<br>2000 Town Center<br>First Floor Postage Vending Machine<br>Southfield, MI 48075<br><br>Click for Memo Itemization Type | \$ <u>39.00</u>                      | \$ <u>39.00</u>                                                    |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br><br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description _____<br>5. Date Of Receipt: _____<br>6. Vendor Name & Address:<br><br>Click for Memo Itemization Type                                                                                                                                         | \$ _____                             | \$ _____                                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br>Occupation:<br><br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                 | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN<br>Description _____<br>5. Date Of Receipt: _____<br>6. Vendor Name & Address:<br><br>Click for Memo Itemization Type                                                                                                                                         | \$ _____                             | \$ _____                                                           |
| Page Subtotal                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$39.00                              |                                                                    |

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

**\$588.72**

Enter this total  
on line 6 of  
Summary  
Page